

**A Public Document**

## 2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

#### 4. Verification

August 2, 2019  
(month, day, year)

Comment:

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Los Angeles County  |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors, Fourth District |                                     |  |   |
| Designated Agency Contact (Name, Title)<br>Nancy Herrera                                 |                                     |  |   |
| Area Code/Phone Number<br>(213) 974-4444   | E-mail<br>nherrera@bos.lacounty.gov |  |   |
|  |                                     | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 05 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

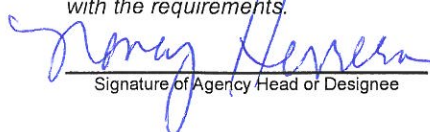
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
| Board of Supervisors  | 2                           | Ticket Policy Sec 5.3(k)   |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
 Signature of Agency Head or Designee

Nancy Herrera  
 Print Name

Ticket Administrator  
 Title

August 2, 2019  
 (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Los Angeles County                              |                           |  |   |
| Division, Department, or Region (if applicable) |                           |  |   |
| Board of Supervisors, Fourth District           |                           |  |   |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Nancy Herrera                                   |                           |  |   |
| Area Code/Phone Number                          | E-mail                    |  |   |
| (213) 974-4444                                  | nherrera@bos.lacounty.gov |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 06 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

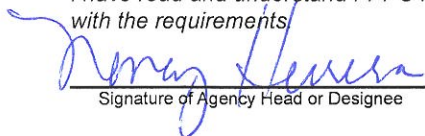
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    | Board of Supervisors   | 2                           | Ticket Policy Sec 5.3(k)   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

  
 Signature of Agency Head or Designee

Nancy Herrera  
 Print Name

Ticket Administrator  
 Title

August 2, 2019  
 (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Los Angeles County                              |                           |  |   |
| Division, Department, or Region (if applicable) |                           |  |   |
| Board of Supervisors, Fourth District           |                           |  |   |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Nancy Herrera                                   |                           |  |   |
| Area Code/Phone Number                          | E-mail                    |  |   |
| (213) 974-4444                                  | nherrera@bos.lacounty.gov |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 07 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
| Board of Supervisors  | 2                           | Ticket Policy Sec 5.3(k)   |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             |  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Nancy Herrera
 Print Name
 Ticket Administrator
 Title
 August 2, 2019
 (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Los Angeles County                              |                           |  |   |
| Division, Department, or Region (if applicable) |                           |  |   |
| Board of Supervisors, Fourth District           |                           |  |   |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Nancy Herrera                                   |                           |  |   |
| Area Code/Phone Number                          | E-mail                    |  |   |
| (213) 974-4444                                  | nherrera@bos.lacounty.gov |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 19 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    | Board of Supervisors   | 2                           | Ticket Policy Sec 5.3(k)   |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Nancy Herrera
 Print Name
 Ticket Administrator
 Title
 August 2, 2019
 (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |   |   |
|---|---------------------------|---|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Los Angeles County                              |                           |   |   |
| Division, Department, or Region (if applicable) |                           |   |   |
| Board of Supervisors, Fourth District           |                           |   |   |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Nancy Herrera                                   |                           |   |   |
| Area Code/Phone Number                          | E-mail                    |   |   |
| (213) 974-4444                                  | nherrera@bos.lacounty.gov |   |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 20 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

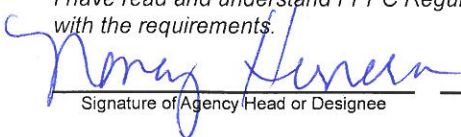
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
| Board of Supervisors  | 2                           | Ticket Policy Sec 5.3(k)   |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
 Signature of Agency Head or Designee

Nancy Herrera  
 Print Name

Ticket Administrator  
 Title

August 2, 2019  
 (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| <b>1. Agency Name</b><br>Los Angeles County  |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors, Fourth District |                                     |   |   |
| Designated Agency Contact (Name, Title)<br>Nancy Herrera                                 |                                     |   |   |
| Area Code/Phone Number<br>(213) 974-4444   | E-mail<br>nherrera@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 21 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

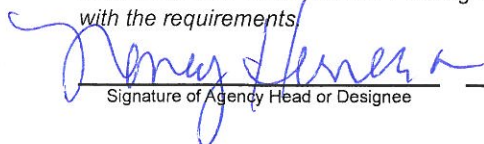
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
| Board of Supervisors  | 2                           | Ticket Policy Sec 5.3(k)   |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
 Signature of Agency Head or Designee

Nancy Herrera  
 Print Name

Ticket Administrator  
 Title

August 2, 2019  
 (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Los Angeles County                              |                           |  |   |
| Division, Department, or Region (if applicable) |                           |  |   |
| Board of Supervisors, Fourth District           |                           |  |   |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Nancy Herrera                                   |                           |  |   |
| Area Code/Phone Number                          | E-mail                    |  |   |
| (213) 974-4444                                  | nherrera@bos.lacounty.gov |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets Date(s) 07 / 23 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

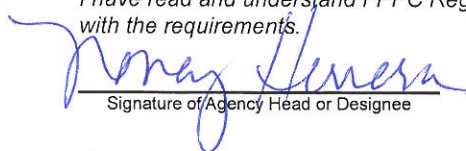
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    | Board of Supervisors   | 2                           | Ticket Policy Sec 5.3(k)   |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Nancy Herrera  
Print Name

Ticket Administrator  
Title

August 2, 2019  
(month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                           |                               |               |                |                           |  |
|--|---------------------------|-------------------------------|---------------|----------------|---------------------------|--|
| <b>1. Agency Name</b><br>Los Angeles County<br><hr/> <b>Division, Department, or Region</b> <i>(if applicable)</i><br>Board of Supervisors, Fourth District<br><hr/> <b>Designated Agency Contact</b> <i>(Name, Title)</i><br>Nancy Herrera<br><hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>(213) 974-4444</td> <td>nherrera@bos.lacounty.gov</td> </tr> </table> |                           | <b>Area Code/Phone Number</b> | <b>E-mail</b> | (213) 974-4444 | nherrera@bos.lacounty.gov | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Date Stamp</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b><br/> <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br/><br/> <b>Date of Original Filing:</b> _____<br/> <small>(month, day, year)</small> </div> |
| <b>Area Code/Phone Number</b>  | <b>E-mail</b>             |                               |               |                |                           |  |
| (213) 974-4444   | nherrera@bos.lacounty.gov |                               |               |                |                           |  |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Tickets    Date(s) 07 / 24 / 19    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☐    No ☒    If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐    No ☒    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit   | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
| Board of Supervisors  | 2                           | Ticket Policy Sec 5.3(k)   |
|   |                             |  |
| B. Name of Individual<br><small>(Last, First)</small>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             |  |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

|  |   |   |  |
|--|---|---|--|
| <br>_____<br><small>Signature of Agency Head or Designee</small> | Nancy Herrera<br>_____<br><small>Print Name</small> | Ticket Administrator<br>_____<br><small>Title</small> | August 2, 2019<br>_____<br><small>(month, day, year)</small> |
|--|---|---|--|

Comment: \_\_\_\_\_